

## PART B - FEE(S) TRANSMITTAL

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7590 03/07/2007  
MEDTRONIC EMERGENCY RESPONSE SYSTEMS INC.  
11811 WILLOWS ROAD N.E.  
P.O. BOX 97006  
REDMOND, WA 98073-9706

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.	
MARY YAWNEY REDMAN	(Depositor's name)
<i>Mary Yawney</i>	(Signature)
5-31-2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,868	07/17/2003	Patrick F. Kelly	009.0049	2912

TITLE OF INVENTION: EXTERNAL DEFIBRILLATOR AND METHODS FOR OPERATING THE EXTERNAL DEFIBRILLATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	06/07/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS		06/01/2007	MGBREM2 00000035 132546	10622868
BERTRAM, ERIC D	3766	607-005000	01 FC:1501	1400.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively:  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Medtronic Physio-Control  
Manufacturing Corporation

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond WA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Mary Yawney*

Date 5-31-2007

Typed or printed name MARY YAWNEY REDMAN

Registration No. 29,881

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**Medtronic**

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**FAX COVER SHEET**

DATE: May 31, 2007

TO:	USPTO	FROM:	Mary Y. Redman
	Mail Stop ISSUE FEE		
FAX:	571-273-2885	FAX:	425-867-4142
		PHONE:	425-867-4465

Number of pages including cover sheet: 2

RE: Application No. 10/622,868  
Attorney Docket No.: PB10046.00

- Issue Fee Transmittal

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